

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY**

This is to be filled out by the licensed Speech-Language Pathologist.

I, _____ do hereby consent to supervise
_____ during the completion of his, or her, supervised
experience. I do hereby acknowledge that I have read and that I do understand the
laws and Rules of the Board pertaining to the use of supervised staff members. I
agree to conduct the supervision of the above-named applicant according to the
laws, rules, and ethics applicable to private practice. I do further assert that in
making this agreement, I do take full legal and ethical responsibility for this
applicant's speech-language pathology activities and services as
provided in the Rules of the Board.

Signature of Licensed Supervisor

Date Signed

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE OF SPEECH-LANGUAGE PATHOLOGY

This is to be filled out by the clinical fellow.

I, _____ hereby apply to the Oklahoma State Board of Examiners for Speech-Language Pathology and Audiology for approval to work under the supervision of _____. I do hereby acknowledge that I have read and do understand Board Statutes and Rules, specifically those provisions pertaining to supervised practice under the direction of licensed speech-language pathologists. I agree to conduct myself according to the laws, rules, and ethics applicable to such work. I further assert that I understand that approval granted by the Board is for supervised speech-language pathology activities and services only, and that any representation to the public that I am an independent practitioner will lead to automatic revocation of approval to work.

Signature of Licensee

Date Signed